Step #1

EASTERSEALS CAMP FAIRLEE

Easter Seals Delaware and Maryland's Eastern Shore
22242 Bay Shore Rd. Chestertown, MD 21620
Voice 410-778-0566 Fax 410-778-0567
Email: Fairlee@esdel.org Web: www.de.easterseals.com/fairlee

FAIRLEE VACATIONS REGISTRATION FORM

Participant Information (Please print clearly or type)

First Name	Last Name		☐**New Participant**	☐**Returning Participant**
Address				
City	State	Zip	County	
Birthdate	Age			
Male/Female	Height		Weight	
Ethnic Origin (Optional-please check one)	☐Asian	☐African American	☐Caucasian	☐Hispanic ☐Native American ☐Other

☐ Parent ☐ Guardian ☐ Care Provider Information (Please check one)

Name		
Home Phone	Cell Phone	Work Phone
Email Address:		

Emergency Contacts

Name	Relationship	
Home Phone	Cell Phone	Work Phone
Name	Relationship	
Home Phone	Cell Phone	Work Phone

2017—2018 Fairlee Vacations

Adults 18 and over (must have proper ID and/or passport)

☐ November 11-18, 2017	Disney World	**$3500**	8 Openings
☐ February 25-March 4, 2018	Carnival Cruise	**$2400**	8 Openings
☐ April 21-28, 2018	Outter Banks, NC	**$2300**	10 Openings
☐ August 19-26, 2018	Poconos Mountains	**$2100**	10 Openings

Fairlee Vacations Registration Information

Participants should be ambulatory or able to transfer to a passenger van and/or plane. All participants must be able to participate in a **3 to 1** camper to counselor ratio and exhibit socially appropriate behaviors in group settings. Camp Fairlee reserves the right to send a participant home due to behavioral or medical issues, at the participant's expense. This decision will be made by the Director. Wheelchairs must be easy to fold. Power chairs cannot be accommodated. Wheelchair space is limited to 2.

In order to register for our travel trips a completed registration (step 1 and step 2), a current up to date health form and a $400 deposit, must be received by our office at least 4 weeks prior to the trips departure date, so that arrangements can be made in a timely manner.

If an organization, club, or agency will be funding the trip a **"Letter of Intent for Funding"** must be received and on file in order to complete the registration process. A letter of intent is attached. The form can be faxed or emailed by request to the agency/organization who will be funding the trip. You must call camp and make this request. Be sure to have a fax number or email address for the agency/organization. They can then fax or email back to the camp (see email and numbers above.)

If you are a new participant, you will not receive an acceptance packet until you have completed the pre camp interview.

Refund Policy:

All cancellations **must be made 14 days before date of trip** (Someone may be on the waiting list.) There will be no refunds for late cancellations.

Referral Information ***Please complete….even if you are a returning participant.***

Name of Teacher/Caseworker/Coordinator:

Agency:

Address:

Phone:

PAYMENT INFORMATION AND OPTIONS. Please check all that apply. This section must be completed and signed.

_____ Choice 1: Full Payment Enclosed

_____ Choice 2: $400.00 deposit enclosed

_____ Choice 3: Paying by credit card. (Visa, MasterCard, Discover, and American Express) Please call with card information.

_____ Choice 4: Paying balance monthly. (Must be approved by the Director)

Amount Enclosed $_____ Balance left to be paid $_____

Signature of individual responsible for payments/balance _____

We encourage you to contact clubs, businesses, organizations and agencies for funding assistance. Please note: If a funding source is paying your deposit and or balance, a completed **Letter of Intent must be on file**.

_____ Choice 6: Balance to be paid by an agency or organization. (Please complete information below.) **$**_____

_____ Choice 7: Deposit and balance to be paid by an agency or organization. (Please complete information below.) **$**_____

Agency/Organization Name_____ Contact Name_____

Address_____

City_____ State_____ Zip Code_____ Phone_____

WAIVER AND RELEASE (Applications will not be accepted without a signature.)

This document must be signed by either the parent or legal guardian if applicable. All references to the participant include the parent or legal guardian.

As a condition of participation in the summer camp program, the participant agrees to the following:

Participant acknowledges that a wide variety of activities will be conducted, including swimming. Participant acknowledges that some of the activities may subject him/her to certain stresses and hazards not all of which can be foreseen. Participant desires and consents to take part in all such activities unless otherwise indicated in writing prior to the summer camp program. Participant assumes all the risks incident to the nature of the activities to be conducted and agrees that neither Easter Seals Delaware and Maryland's Eastern Shore, nor any of its representatives shall be held responsible for any damages or injuries resulting to the participant in the program in the event the program staff determine that the participant cannot meet the program eligibility requirements. Supervision and transportation resulting from dismissal of such participant are the responsibility of the participant.

Participant understands that Easter Seals and its representatives are not responsible for loss or damage to the personal property and possessions of the participant.

Participant is liable for any damage to the property of Easter Seals resulting from the acts of the participant.

Participant consents to the use of any film/photographs/video taken during the program, whether for advertising, promotion and/or publicity purposes by Easter Seals unless otherwise indicated in writing prior to the program. The participant waives all claims of compensation for such use.

Permission is granted for participant to attend all program field trips upon notification. Participant acknowledges that transportation may be provided for program related purposes in a vehicle provide by Easter Seals and its representatives. It is the participants responsibility to adhere to all safety requirements (using seat belts and remaining seated).

Participant represents that all of the information provided in this application, including the health forms, is true and correct and that Easter Seals and its representatives have full right and authority to rely on the information contained therein. Participant further recognizes that Easter Seals and its representatives reserve the right to reject any participant in the event of the failure or refusal of the participant to accurately complete and sign all of the required documents.

_____

Signature of Parent/Guardian **Date**

_____

Signature of Participant (18 or Older) **Date**

Ratio Descriptions

3:1 Ratio

This ratio applies to participants that need minimal, occasional or no assistance from staff, such as verbal prompts, reminders, or gestures during their daily camp schedule. Participants must be ambulatory and can walk independently or use a wheelchair and can transfer independently or with minimal assistance. Participants must also follow directions of their assigned staff on a regular basis, participate in activities on a regular basis with no disruptive behaviors and sleep at night in a group setting.

2:1 Ratio

This ratio applies to the participants that needs supervision and regular assistance such as verbal prompts, reminders, gestures, schedules, hand over hand assistance during their daily schedule as well as meals and morning/night routines. Participants can be ambulatory or use a wheelchair and bear weight or need assistance from the staff such as a 1 or 2 person transfer. Participants must be able to follow direction or can be redirected easily by staff, participate in activities on a regular basis with no disruptive behaviors and sleep at night in a group setting.

LETTER OF INTENT FOR FUNDING

for

Easterseals Camp Fairlee

By completing this, your organization, agency, or group has agreed to provide funding for the participant named below, who will be attending Easter Seals Camp Fairlee during the time frame listed below.

Organizations, agencies, and groups such as yours, are vital in helping people with various disabilities enjoy the independence that a summer camping experience can provide. If you require any further information, please do not hesitate to contact us directly.

If you are using the Autism Waiver you **do not** need to complete this form.

Please make sure this form is filled out completely. Mail or fax as soon as possible to our **Administrative Assistant** at: Camp Fairlee, 22242 Bay Shore Rd., Chestertown, MD 21620. Phone: (410) 778-0566. Fax: (410) 778-0567. Our Federal ID number is 51-0066728.

Participant Name _____

Address _____

Camp Session Date/s _____

Amount of Funding Requested $_____

This section must be completed and signed by the Organization/Agency/Group authorizing payment.

The following Organization, Agency or Group has agreed to provide funding in the amount of **$** _____ for the above participant who will be attending Easter Seals Camp Fairlee.

Organization/Agency/Group Name: _____

Organization/Agency/Group Contact: _____

Organization/Agency/Group Address: _____

_____

Organization/Agency/Group Phone: _____

Signature of Authorizing Contact: _____

☐ Payment Enclosed ☐ Please send invoice before session ☐ Please send invoice after session

Checks can be made payable to: **easterseals Camp Fairlee**

On behalf of the people we serve, Camp Fairlee thanks you for your support.

easterseals
Camp Fairlee

PARTICIPANT INFORMATION

Participant Information (Please print clearly or type.)

Name	Last Name	Nickname

Disability Information: Please **check** the **primary** and underline all that apply.

- ☐ Speech-Language
- ☐ Hearing Impaired
- ☐ Visually Impaired
- ☐ Peripheral Nerve Injury/Disorder
- ☐ Muscular Dystrophy
- ☐ Central Nervous System Injury/Disorder
  - ☐ Stroke
  - ☐ Epilepsy/Seizure Disorder
  - ☐ Multiple Sclerosis
  - ☐ Head Injury
  - ☐ Spinal Cord Injury
- ☐ Neurological Condition(s) at Birth
  - ☐ Cerebral Palsy
  - ☐ Down Syndrome
  - ☐ Spina Bifida
- ☐ Social/Psychological
  - ☐ Autism
  - ☐ Behavior
  - ☐ Alcohol/Drug Disorders
  - ☐ Psychosis
- ☐ Learning/Developmental Delay
- ☐ Intellectual Disability

Level: ☐ Mild ☐ Moderate ☐ Severe/Profound

- ☐ Attention Deficit Disorder
- ☐ Orthopedic Impairments at Birth
- ☐ Postural Disorders
- ☐ Heart, Circulatory, Respiratory
- ☐ Asthma
- ☐ Skin and Cellular Tissue Disorder
- ☐ Allergic/Metabolic/Nutritional
- ☐ Cystic Fibrosis
- ☐ Diabetes
- ☐ Geriatric Aging
- ☐ Other Disabilities (please list)

_____

General Background: Please check all that apply.

Communication

- ☐ Speaks Clearly
- ☐ Uses Sign Language
- ☐ Speaks may be difficult to understand
- ☐ Uses communication board
- ☐ Gestures
- ☐ Other: _____

Language Spoken/Understood_____

Vision

- ☐ Normal ☐ Mild/Moderate Loss
- ☐ Severe/Total Loss

Does participant wear corrective lenses? ☐ Y ☐ N

Hearing

- ☐ Normal ☐ Mild/Moderate Loss
- ☐ Severe/Total Loss

Does participant wear hearing aids? ☐ Y ☐ N

Mobility

- ☐ Walks independently
- ☐ Walks with assistance
- ☐ Walks with cane/crutches/walker
- ☐ Walking ability affected, but walks independently
- ☐ Uses Wheelchair
  - ☐ Manual ☐ Power
- ☐ Uses AFO"S

Personal Care Please check all that apply, and provide a complete description if participant requires assistance.

Task	Independent	Requires Some Assistance	Requires TOTAL Assistance	Description of Assistance Needed
Dressing				
Showering				
Teeth Brushing				
Shaving				
Transferring				
Menstruation				

Staff Support	☐ **1:1**	☐ **2:1**	☐ **3:1**	
Bathroom Assistance Needed	☐ No Assistance	☐ Partial Assistance	☐ Total Assistance	
Aids Used (check all that apply)	☐ Diapers	☐ Bedpan	☐ Urinal	☐ Toilet Chair
Bladder Control	☐ Normal	☐ Has Accidents	☐ Incontinent	☐ Wets bed
Bowel Control	☐ Normal	☐ Has Accidents	☐ Incontinent	☐ Colostomy
Eating Assistance	☐ No Assistance	☐ Partial Assistance	☐ Total Assistance	☐ Can feed self finger foods

What adaptive devices are used for eating? (must be sent to camp)_____

Does participant have difficulties swallowing: ☐ Solids ☐ Liquids ☐ or Uses a Straw

Does participant have any known food allergies or problems with foods?_____

Additional Information

Has the participant previously attended a residential camp? ☐ Yes ☐ No
If Yes, what Camp: _____

If Yes, was it a positive experience? ☐ Yes ☐ No
If No, please explain: _____
_____
_____

Does the participant follow direction? ☐ Yes ☐ No ☐ Occasionally
If No or Occasionally, please explain: _____
_____

Does the participant have any behaviors of which the staff need to be aware? ☐ Yes ☐ No
If Yes, please explain:_____
_____

Are there key actions, words, or phrases used to stop behavior and redirect? ☐ Yes ☐ No
If Yes, please explain: _____
_____

Is a behavior management plan currently being used with the participant? ☐ Yes ☐ No
If Yes, please send a copy with the application.

Does the participant sleep through the night? ☐ Yes ☐ No
If No, please explain: _____
_____

Please list any strong fears the participant may have: _____
_____

Please list any activities the participant especially dislikes: _____
_____
_____

Please list any activities the participant especially enjoys: _____
_____

Please use this space for any other information you feel would be helpful in providing the best experience for the participant._____
_____
_____
_____
_____